

## INFORMATION & INSTRUCTIONS FOR FILING - ACTIVITY DESK REGISTRATION

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Each activity desk and branch office of an activity desk must be registered prior to engaging in the business of selling, contracting for, arranging, or advertising that it can or will arrange, activities which are furnished by an activity provider.

**"Activity desk"** means any sole proprietorship, organization, trust, group, association, partnership, corporation, society, or combination thereof, which for compensation or other consideration, acts or attempts to act as an intermediary to sell, contract for, arrange, or advertise that it can or will arrange, or has arranged, activities which are furnished by an activity provider. This shall not apply to any hotel as defined under section 486K-1, or air carrier as defined by the Federal Aviation Act of 1958 (49 USCS Appx chapter 1301), for services for which they do not accept consumer moneys for services other than their own.

**"Activity provider"** means any individual, firm, corporation, association, partnership, or any group of persons, whether incorporated or not, which provides specialized air, land, or sea tour excursions and activities, but does not mean sellers of airline coupons or tickets.

If you engage in the business of selling or advertising to sell travel services, you will require a separate Travel Agency registration.

### APPLICATION FORM

Complete the attached form using a typewriter or print *legibly* in black ink. Answer all questions and sign the application form. Appropriate fees, evidence of establishment of a client trust account or a bond or irrevocable letter of credit must be submitted with the application.

### FEES

**Attach** the appropriate fees (Make check payable to: *COMMERCE & CONSUMER AFFAIRS*).

Activity desk applying for registration in an even-numbered year, pay .....\$140  
(Application - \$20\* + Registration - \$40 + 2nd year of two-year registration period - \$10 + Compliance Resolution Fund - \$70)

Activity desk applying for registration in an odd-numbered year, pay.....\$95  
(Application - \$20\* + Registration - \$40 + Compliance Resolution Fund - \$35)

All registrations are subject to renewal on or before **December 31 of each ODD-NUMBERED year.**

\*Application fee not refundable.

**Note:** *One of the numerous legal requirements that you must meet in order for your new registration to issue is the payment of fees as set forth in this application. You may be sent a registration certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required registration fee and your registration will not be valid, and you **may not** do business under that registration. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application and must be made within 60 days of notification that your application for a registration has been denied.*

### ENTITY REGISTRATION: Corporation, Partnership, LLC or LLP

If the applicant for an activity desk is a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Dept. of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810.  
(Please write to them for the proper forms, call (808) 586-2727, or visit their website at: [www.businessregistrations.com/home.html](http://www.businessregistrations.com/home.html) to order Certificates of Good Standing, forms etc.)

- If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.
- If the entity has been registered in this State for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" or "Certificate of Qualification."

**TRADE NAME**

If applicant will be using a trade name, **attach** a current "filed-stamped" copy of the "Application for Registration of Trade Name" approved and issued by the Business Registration Division. If application is submitted without the trade name registration, registration will be issued without the trade name.

**BRANCH OFFICE**

All activity desk branch offices must be registered prior to their engaging in any activity desk services.

- If a branch office deposits consumer funds in the same client trust account as the principal office, then the branch office does not have to obtain its own activity desk registration.
- If the branch office does not deposit consumer funds into the same client trust account as the principal office then the branch office will have to obtain its own activity desk registration.

**CLIENT TRUST ACCOUNT**

**All activity desks are required to submit evidence of the establishment of a client trust account OR a bond OR an irrevocable letter of credit.** Bond form is available upon request. Contact our office or you may download from [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on "Activity Desk".

Evidence of the establishment of a client trust account (which may be either a checking or savings account) with a federally insured financial institution located in Hawaii may take the form of:

An original letter from the financial institution with the following information:

- Name and address of the financial institution;
- Name of the account (must be identical to the name on the activity desk registration application);
- "Client Trust Account" designation;
- When the account was established; and
- Account number.

Or

A copy of a blank, void check, which bears the name and address of the financial institution, the name of the activity desk, the account number, **and identifies the account as a client trust account.** (MUST BE BANK IMPRINTED.)

**A REGISTRATION WILL NOT BE ISSUED AND WILL BE WITHHELD OR RETURNED IF AN APPLICANT FAILS TO PROVIDE THE INFORMATION IN SUCH FORM AND SUBSTANCE.**

NOTE: If you have both an Activity Desk registration and a Travel Agency registration, **you must establish and maintain a separate Client Trust Account** for each registration.

**BOND**

Must be issued by a surety authorized to do business in Hawaii, be a performance or guaranty type bond naming the director as obligee to indemnify any consumer who may suffer loss as a result of nonperformance by the activity desk. The bond must provide:

- 1) That the bond may be cancelled by the activity desk only if the activity desk gives **sixty (60) days** prior written notice to the surety or the surety gives **thirty (30) days** prior written notice to the director of cancellation of the bond;
- 2) That the surety may be liable for any claims against the bond for a period of **six months** after expiration or cancellation of the bond provided that:
  - a) The debts were incurred while the bond was in effect; or
  - b) The director notifies the surety of any claims within **ninety (90) days** of discovery of any claims.

**The surety is not required to release any money or collateral to the activity desk during the six months after cancellation or expiration of the bond.**

**IRREVOCABLE LETTER OF CREDIT ("ILOC")**

Must be issued by a federally insured financial institution authorized to do business in this State to indemnify any consumer who may suffer loss as a result of nonperformance by the activity desk; shall name the director as beneficiary and may provide for automatic extensions for additional annual periods. The ILOC may be cancelled only if:

- 1) The activity desk gives prior written notice by certified mail to the director and to the issuer at least **ninety (90) days** before the expiration date of the ILOC or the date the activity desk intends to cease being effective; or
- 2) The issuer gives prior written notice by certified mail to the director at least **sixty (60) days** before the expiration date. The issuer shall remain liable for any claims against the ILOC for a period of **six months** after expiration or cancellation of the letter provided that:

**IRREVOCABLE  
LETTER OF CREDIT  
("ILOC")  
(Cont.)**

- a) The debts were incurred while the letter was in effect; or
- b) The director notifies the insurer of any claims within ninety days of discovery of any claims.

**The insurer is not required to release any money or collateral to the activity desk during the six months after cancellation or expiration of the ILOC.**

**BOND OR  
IRREVOCABLE  
LETTER OF CREDIT  
COVERAGE**

Must be provided for a single bond or single ILOC and must cover the principal office and all branch offices of the activity desk.

The amount of coverage shall be equal to the average monthly net sales revenue of the activity desk for the twelve month period immediately preceding the application date. Net sales means gross sales minus the commission paid to the activity desk. Coverage shall not be less than \$75,000.

If the activity desk does not have a full twelve month period on which to base this amount, the amount shall not be less than the average monthly net sales revenue for the months available, but shall not be less than \$75,000.

**You must complete a "Statement of Net Sales Revenue" to be notarized and submitted with your application.** This report must also be made on an annual basis to the DCCA, due no later than four (4) months prior to the anniversary date of the bond or ILOC. If you do not complete this report at the time of application and annually, then a bond or ILOC of \$100,000 will be required.

**SUBMITTING  
REGISTRATION**

Mail all required items to:

Deliver to office location at:

Activity Desk Program                      or  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801

1010 Richards St., 1st Floor  
Honolulu, HI 96813  
  
Phone: (808) 586-3000

**BIENNIAL RENEWAL**

All registrations, regardless of issuance date, **expire on December 31 of each ODD-NUMBERED year** and are subject to renewal on or before the expiration date. Renewal applications are mailed to current registrations about 6 weeks prior to the expiration date. To ensure receipt of the renewal application, keep our office informed of your address.

**LAWS AND RULES**

To obtain a copy of the laws (Chapter 468M, HRS) and rules (Chapter 117, HAR) send a written request and \$1.25 to: *CASHIER, Commerce and Consumer Affairs, P.O. Box 541, Honolulu, Hawaii 96809.* Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢ (*price subject to change without notice*).

The laws and rules are also posted on our website free of charge at [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on "Activity Desk".

# APPLICATION FOR REGISTRATION - ACTIVITY DESK

Read the attached "Information & Instructions" before completing this form.

Name of Applicant (Sole owner: First-Middle-Last; or give name of corporation, partnership, LLC or LLP):

Business or Trade Name, if any: (Attach Trade Name Registration)

Business Location (Include suite no., city, state & zip code - No P.O.Box)

Mailing Address, if different from business location:

Social Security No. (Sole Owner)

Business Phone No. (days)

Client Trust Account established at:

Financial Institution:

Address:

Account no.

(Attach evidence of establishment of account.)

**Bond or irrevocable Letter of Credit - Complete Statement of Net Sales Revenue. Attach Bond or Letter of Credit. For Bond Forms - call 586-3000 or download from [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl).**

Date Registered

Reg. No.

AD -

FOR OFFICE USE ONLY

Circle Type of business entity:

SOLE OWNER

CORPORATION

PARTNERSHIP

LLC

LLP

Have you ever been licensed or registered as a travel agency in Hawaii?..... YES NO

If so, what was your

License/registration number? \_\_\_\_\_

	Name	Social Security No.	Residence Phone No.	Residence Address (Include apt. no. & zip code)
RESIDENCE ADDRESS	Sole Owner			
	President, Partner, Member or Manager			
	Vice-President, Partner, Member or Manager			
	Secretary, Partner, Member or Manager			
	Treasurer, Partner, Member or Manager			

The following questions pertain to the applicant and any persons, officers, directors, managements, partners, etc. responsible for the activity desk. Circle or underline answers. Give details when required and submit pertinent documents.

- Are you at least 18 years of age? ..... YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- Have you ever used other name(s)? ..... YES NO  
If so, what name(s)? \_\_\_\_\_
- Have you ever held an Activity Desk registration? ..... YES NO  
(Type/Lic No: \_\_\_\_\_ Status: \_\_\_\_\_ State: \_\_\_\_\_)
- Have you ever held any other license/registration? ..... YES NO  
(Type/Lic No: \_\_\_\_\_ Status: \_\_\_\_\_ State: \_\_\_\_\_)
- Have you ever had any license/registration suspended, revoked, or otherwise subject to disciplinary action? ..... YES NO
- Have you ever been employed by any business whose license/registration was suspended, revoked or otherwise subject to investigative action? ..... YES NO
- In the past 20 years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO
- Have you ever had or are there any pending lawsuits, judgments, tax liens, or any other liens against you? ..... YES NO

(If responses is "yes", to questions 6,7,8, or 9 provide details on a separate sheet and submit pertinent documents.)

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application are true and correct. I understand that any false statement or misrepresentation is grounds for refusal or subsequent revocation of my registration and is a crime subjecting me to fine and imprisonment under Section 710-1017, Hawaii Revised Statutes.

Date

Signature of Applicant

Title

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appln.....	670.....	\$20
Reg .....	671.....	\$40
1/2 Renewal .....	672.....	\$10
CRF .....	677.....	\$35/\$70
Service Fee.....	BCF.....	\$15

## STATEMENT OF NET SALES REVENUE - ACTIVITY DESKS

### (TO BE COMPLETED ONLY IF FILING BOND OR LETTER OF CREDIT)

Bond form is available upon request. Contact our office or download from:

[www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on Activity Desk.

Name of Activity Desk: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

"Net Sales" means gross sales minus the commission paid to the activity desk.

Period covered \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Gross Sales \_\_\_\_\_

Less Commission \_\_\_\_\_

Total \_\_\_\_\_ ÷ \_\_\_\_\_  
(months covered) (monthly net sales revenue)

I hereby certify that the above is true and correct.

\_\_\_\_\_  
Signature

Title \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public State of \_\_\_\_\_

My Commission expires \_\_\_\_\_